Ceremonial Role Events and Tid	ket/Pass	Distributions		A Public Document	
1. Agency Name		***************************************	Date Stamp	California Ong	
County of Los Angeles			1000 100 100 100 100 100 100 100 100 10	Form 802	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
Board of Supervisor, First District	Board of Supervisor, First District				
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator				7/10 20 000 00 000 00000	
Area Code/Phone Number E-mail			Amendment (Must pn	ovide explanation in Part 3.)	
213-974-4111 bgarcia@bo	s.lacounty.go	OV	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			7-	7.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	f Each Ticket/Pass \$	.00	
Event Description LA Phil		Date(s) 04	, 12 , 19		
Provide Title/Exp	lanation	911111111111111111111111111111111111111	1		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)	
3. Recipients					
Use Section A to identify the agency's department or		ction B to identify an Individu	ıal. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
B. Name of Individual	Number of				
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
		Ceremonial Role	Other	Income 🗌	
		If checking "Ceremon	ial Role" or "Other" describe below:		
		Ceremonial Role	Other 🔲	Income	
			ial Role" or "Other" describe below:	mome [_	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Asian Americans Advancing Justice	14	Per ticket policy 5.3	(i)		
1 Varification					
1. Verification Proper and understand FPPC Regulations 18 <u>944.1 and 18944.1 an</u>	d 18942. I have ve	erified that the distribution set for	orth above. Is in accordance with	the requirements	
1 -1 1 -1 111 .	ra Garcia		t Administrator	05/14/2019	
Signature of Agency flead or Designee	Print Nam		Title	(Month, Day, Year)	
Comment:	** PT 90000555 - 215 5				

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California QA2
	County of Los Angeles				Form 802
	Division, Department, or Region (If Applicable	<del>)</del> )		4	For Official Use Only
	Board of Supervisor, First District			1	
	Designated Agency Contact (Name, Title)			1	
	Barbara Garcia, Ticket Administrator		and the second s		
	Area Code/Phone Number   E-mail		* * * * * * * * * * * * * * * * * * *	Amendment (Must pr	ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month Day Year)
2.	Function or Event Information			<u> </u>	(Month, Day, Year)
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	1.00
	LA DE:	1000 110	and the same of th	.14 .19	
	Event Description Provide Title/Expl	anation	Date(s) 04		
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	
	Was ticket distribution made at the behest	No⊠ Yes	If yes:		
	of agency official?			Official's Name (L	ast, First)
3.	Recipients	10 0000 000	S 8 500 00		
	Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other _	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
		1	Ceremonial Role	Other _	Income
				ial Role" or "Other" describe below:	income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
		Pass(es)			
	Bell Gardens Senior Center	2	Per ticket policy 5.3	(i)	
	L	<b>!</b>	. er trenet poney 3.5	(1)	
1.	Verification				
	I/have read and understand FPPC Regulations 18944.1 and				
	The state of the s	a Garcia		et Administrator	05/14/2019
	Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)
	Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California Ong
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			]	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	1.00
Event Description LA Phil	en de marcon (yn Schreiden Vol - Denne		14 19	
Provide Title/Expl	anation	Date(s) 04	<u> </u>	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	700
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:		
of agency official?	744.604.60		Official's Name (La	ast, First)
. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	1 435(63)			
	7			
B. Name of Individual	Number of			
(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the following	lg:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	recondensate commence of the contract of the c
		Ceremonial Role  If checking *Ceremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of	Donatina 41-		
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Huntington Park Women's CLub	12	Per ticket policy 5.3	(i)	
				A contract of the contract of
Verification				
। Verification । pave read and understand APPC Regulations 18 <u>944.1 and</u>	18942. I have v	erified that the distribution set fo	odh above is in accordance with	the requirements
	a Garcia		t Administrator	
Signature of Agency Head or Designee	Print Nan			05/14/2019
garay mad or posigned	riin Nan		Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	
County of Los Angeles	100		,	Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)	- With some - 100 Tiden - 100			
Barbara Garcia, Ticket Administrator			Amendment (Must p.	rovide explanation in Part 3.)
Area Code/Phone Number	lacounty o	OV	Date of Original Filing:	
2. Function or Event Information	acounty.g	OV .	Date of Original Filling.	(Month, Day, Year)
Does the agency have a ticket policy?	v. 🔽	☐ Face Value of	of Each Ticket/Pass \$	7.00
Event Description LA Phil		Face Value of Date(s)	18 ,19	
Provide Title/Expl	anation	LA Phi		noi duni tantua anno di dana dina dina dina dina dina di dina dina
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Soc	urce
Was ticket distribution made at the behest	No⊠ Yes	If year	We compressed that the second	A Mile some one of the control of th
of agency official?	140-165	If yes:	Official's Name (L	ast, First)
3. Recipients  • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	e, kitheresiki yezhoù e kon e ban Ne	lic purpose made pursuant	Tolder Sach er tuer in the con-
				MA. Author and Committee and C
	1			
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
		Ceremonial Role  If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Pomona Unified School District	14	Per ticket policy 5.3 (	i)	vanas vanas are an olikisto vanas valdana aldan (vanas anvaldana).
l. Verification				
Inaversed and understand FPRC\Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Barbara			t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nam	ne L	Title	(Month, Day, Year)
Comment:				

eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				FOIIII
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisor, First District		RONTO TORRORDO DE TOTA E TOTA DE T		
Designated Agency Contact (Name, Title)	**************************************	<u> </u>		
Barbara Garcia, Ticket Administrator				<u> </u>
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			5	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 04	, 20 , 19	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
Was ticket distribution made at the behest	No⊠ Yes		Name of So.	urce
of agency official?	No 🖺 Yes	If yes:	Official's Name (L	-ast, First)
Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	ınit. • Use Se	ection B to identify an Individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	r shagaray gas, i kana sar w	lic purpose made pursuant	The same of the same of the same
	Pass(es)			
D. Name of Latinitation	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
	<del> </del>	Ceremonial Role	Other 🗆	
			al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
(measo and description)	Pass(es)			
I HEART SELA	14	Per ticket policy 5.3 (	i)	
		. er cience policy 5.5 (	.,	
Verification	18042   5	adfed that the district	di Line I, Marie Na America	
have read and understand FPPC Regulations 18944.1 and		1 1		
Signature of Agency Head or Designee	Print Nan		t Administrator	05/14/2019
- garage and a pasigner	rnnt Nan	ic ,	Title	(Month, Day, Year)
Comment:				

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Cicinomal Note Events and Inc	Neur ass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	<del>)</del> )	3		For Official Use Only
Board of Supervisor, First District		The Action of the Control of the Con		
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	OV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			77	7.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 04	, 20 , 19	
Provide Title/Expl	anation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA FIII	Name of Sour	rce
Was ticket distribution made at the behest	No⊠ Yes	n		
of agency official?	NO eres	lf yes:	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an Individu	ral. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	1			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	Cuuluu Saasa Salaa Saasa S
		Ceremonial Role	Other	Income
		ii checking Geremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
	Pass(es)	A CONTRACTOR OF THE CONTRACTOR		
Communities for a Better Environment	14	Per ticket policy 5.3 (	i)	
Verification		100 March 100 Ma		
Mave read and understand FPPC Regulations 18944.1 and	<i>18942. I have ve</i> a Garcia			
MANA			t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nam	e e	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				101111
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District			A 1	
Designated Agency Contact (Name, Title)			]	
Barbara Garcia, Ticket Administrator			Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	Jacounty o	OV	Date of Original Filing:	
2. Function or Event Information	ucounty.g			(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	3.00
Event Description LA Phil	1030 110	Participation of the Control of the	,21 19	
Provide Title/Expl	anation	Date(s) 04		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi      If no: LA Phi		
Was ticket distribution made at the behest	No⊠ Yes	n .,	Name of Sou	Irce
of agency official?	No Yes	ld If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or it		ction B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	rass(es)	Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	moonie _
		Ceremonial Role	Other	Innomo C
			ial Role" or "Other" describe below:	Income
O New of Outside O	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant i	o the agency's policy
In the Making	14	Per ticket policy 5.3 (	i)	
. Verification				
I have read and understand FPPC Regulations 18944.1 and		1 1		
Barbara Sanay Hard of Designer			t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tid	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	
County of Los Angeles				California 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District	The second secon		1	
Designated Agency Contact (Name, Title)			]	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail		A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			7-	7.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 04	, 27 , 19	
Flovide Trie/Exp		I A Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: □	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	1 233(03)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:
	Pass(es)	1 Communicipals 1		
		Ceremonial Role  If checking "Ceremon.	Other ial Role" or "Other" describe below:	Income
	4	^ · · · · · · · · · · · ·		
		Ceremonial Role  If checking "Ceremoni	Other Grant Other Other Other Other	Income [_
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
				The second secon
Sunkist Library	14	Per ticket policy 5.3 (	i)	
	1			
∀erification	dt.	Ш		The second secon
I have read and understand FPPC Regulations 18944.1 and				the requirements.
The state of	a Garcia	Ticke	t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment				

eremonial Role Events and Tic	neur ass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles			***	Form OUZ
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator			[] Amandmant (14)	
Area Code/Phone Number E-mail				provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				77.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	7.00
Event Description LA Phil		Date(s) 04	, 28 , 19	
Provide Title/Expla	1 + 60 Tel + (3109A0 + 0 7 + 0 1	LA Phi		A CONTRACTOR OF THE CONTRACTOR
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of So	ource
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (	Last, First)
Recipients				
Use Section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency and a section A to identify the agency are a section A to a sec	nit. • Use Se	ction B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	1 405(05)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other	Income C
		1	al Role" or "Other" describe below:	income E
		Ceremonial Role	T 011 []	
			Other Selection Other Other Delow:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	Pass(es)			
Bassett Park	14	Per ticket policy 5.3 (	i)	
Į.				
Verification				
I have read and understand FIPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance wit	th the requirements.
Barbara		1 1	t Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nam	ne L	Title	(Month, Day, Year)
	744			

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	<i>=)</i>		1	For Official Use Only
Board of Supervisor, First District	Acceptance of the second		1	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amandment (thus	
Area Code/Phone Number   E-mail			Amendment (Must p)	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	OV .	Date of Original Filing: L	(Month, Day, Year)
2. Function or Event Information			Q	6.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	0.00
Event Description LA Phil		Date(s) 05	,3 ,19	
Provide HillerExpl		I A Phi	i	West of the second
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sou	Irce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or	The second second	ction B to identify an Individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
(Lest, First)	Pass(es)		identity one of the following	19:
		Ceremonial Role If checking "Ceremon	Other Diel Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income [
C Name of Outside Organization	Number of :			encys, so gover
C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Heart of Los Angeles	14	Per ticket policy 5.3	(i)	4 700 0
Merification  I have read and understand PPC Regulations 18944.1 and				n the requirements.
1101000	a Garcia	Ticke	et Administrator	05/14/2019
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				
COMMITTEE IL.		ALCO AND ADDRESS OF THE PARTY O		

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution

remonial Role Events and 110	KevPass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	9)		4	For Official Use Only
Board of Supervisor, First District		y - Solitsaniya intlêri o masa eta ravan here sayan ine	1	
Designated Agency Contact (Name, Title)			_	
Barbara Garcia, Ticket Administrator	\$20-40-\$200			
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			[g	37.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 05	, 10 , 19	
Provide Title/Exp	lanation	LA Ph	il	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	if no:	Name of So	urce
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:		
of agency official?	140-11-165	u yes.	Official's Name (	Last, First)
Recipients				
• Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other niel Role" or "Other" describe below:	Income [
		Ceremonial Role	Other Initial Role" or "Other" describe below:	Income [
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
Active SGV	14	Per ticket policy 5.3	(i)	ACCESSES OF THE PROPERTY OF TH
/erification				
have read and understand FPPC Regulations 18 <u>944.1 and</u>				h the requirements.
have read and understand FPPC Regulations 18 <u>944.1 and</u>	1 18942. I have ve a Garcia		forth above, is in accordance wit et Administrator	h the requirements. 05/14/2019

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Fielional Role Events and Tic	Reurass	Distributions		A Public Documen
Agency Name		A STATE OF THE STA	Date Stamp	California 802
County of Los Angeles				I OIIII
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District	A TOTAL CONTROL OF THE PARTY OF		7	
Designated Agency Contact (Name, Title)	W			
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must p	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.ge	OV	Date of Original Filing:	
Function or Event Information			<u> </u>	(Month, Day, Year)
Does the agency have a ticket policy?	V 🔽	T Face Value	of Each Ticket/Pass \$ 5	3.00
	Yes⊠ No	MAN THE PARTY AND ADDRESS OF THE PARTY AND ADD	many production of the same of	
Event Description LA Phil Provide Title/Expl	enetion	Date(s) 05	,12 ,19	
		LA Ph	il	
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Soi	ırce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	110= 100	a li yes.	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individ	lual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy
	Pass(es)			
Substitute .				
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:
a construction of the second s	Pass(es)	la de de de la compaño de La compaño de la compaño d		
		Ceremonial Role	nial Role" or "Other" describe below:	Income
		is discovering continued	The rest of Guer George Polow.	
		Ceremonial Role	Other _	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	
				ON EARLY CONTROL OF THE STATE O
Fig. 18 (2) (Ann. 15)			V. Takana atau atau atau atau atau	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/		blic purpose made pursuant	to the agency's policy
	Pass(es)		aciji Tariji Mining Andriji	
CAUSE	14	Per ticket policy 5.3	/i)	
	ļ.,	i el ticket policy 3.3	(1)	
Verification				
Mave read-and understafid FPPC Regulations 18 <u>944.1 and</u>		erified that the distribution set	forth above, is in accordance with	the requirements.
Mave read-and understafid FPPC Regulations 18 <u>944.1 and</u>	<i>l 18942. I have vi</i> a Garcia		<i>forth above, is in accordance with</i> et Administrator	on the requirements. 05/14/2019
Mave read-and understafid FPPC Regulations 18 <u>944.1 and</u>		Ticke		Andrews of Land Control of Contro